

**Name………………………………………………**

**Number…………………………………………..**

**Cohort…………………………........................**

**Field…………………………………………….**

**Personal Tutor…………………………………**

**SOUTH PAD**

**PRACTICE ASSESSMENT DOCUMENT**

**NURSING**

**PART 3**

**BSc Nursing**

## South PAD 1.0; Future Nurse: Standards of proficiency for registered nurses, (NMC 2018)

Please keep your Practice Assessment Document with you at all times in practice in order to review your progress with your Practice Supervisor, Practice Assessor and/or Academic Assessor



## This South PAD Practice Assessment Document for Nursing has been adapted from the Pan London Practice Assessment Document which was completed by the Pan London Practice Learning Group in collaboration with practice partners, mentors, academic staff, students and service users across the London Region. This work has been led by Jane Fish as Project Manager. The South PAD Project Team has also collaborated with practice partners, mentors, academic staff, students and service users across the South Region in the adaptation process.

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##### The development of the Pan London PAD was funded by Health Education England (London)



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The South PAD project was funded by Health Education England (South)

**The following Approved Education Institutions collaborated in the adaption and implementation of the document:**

Bournemouth University

BPP University

Oxford Brookes University

Solent University

The Open University

University of Brighton

University of Exeter

University of Gloucestershire

University of Southampton

University of Surrey

University of the West of England

University of Winchester

University of Plymouth

University of Portsmouth

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**Statement regarding the use of the term “Parts”**

## There are three Practice Assessment Documents in total, which incorporate the range of Future Nurse Standards of proficiency (NMC 2018). “Parts” in this context is used to represent the range of outcomes to be achieved by students at different levels. These parts may differ from the parts of the education programme that will be defined locally by each university provider.

**Welcome to the Practice Assessment Document (PAD)**

**Student responsibilities**

This Practice Assessment Document is designed to support and guide you towards successfully achieving the criteria set out in the *Future nurse: Standards of proficiency for registered nurses* and *Standards for education and training* (NMC 2018).

The PAD makes up a significant part of your overall programme assessment. It will need to be processed through formal University systems. Continuous assessment is an integral aspect of assessment in practice and you are expected to show evidence of consistent achievement. You should engage positively in all learning opportunities, take responsibility for your own learning and know how to access support. You will work with and receive written feedback from a range of staff including Practice Supervisors and Practice Assessors and you are required to reflect on your learning.

You are responsible for raising concerns with a nominated person in the practice setting in a timely manner. You should also alert staff to any reasonable adjustments that may be required to support your learning.

You should ensure you are familiar with your university assessment and submission processes for this document and contact the academic representative from your university, or refer to your university’s intranet if you require support or advice on specific university procedures.

The Ongoing Achievement Record (OAR) is a separate document that summarises your achievements in each placement and with the main document provides a comprehensive record of your professional development and performance in practice.

You are responsible for the safekeeping and maintenance of the PAD. It should be available to your Practice Supervisor, Practice Assessor and Academic Assessor at all times when you are in placement together with the OAR. Alterations should be made in this document by crossing through with one line, with a signature and date.

You will have access to confidential information when in practice placements. The PAD should not contain any patient/service user/carer identifiable information. Contents must not be disclosed to any unauthorised person or removed, photocopied or used outside the placement or university.

People must be offered the opportunity to give and if required withdraw their informed consent to student participation in their care and staff in practice will provide guidance as required. Before approaching any patient/service user/carer for feedback you must discuss with your Practice Supervisor/Practice Assessor who will facilitate consent.

**Practice Supervisor responsibilities** (Registered nurse/midwife or other registered health/social care professional)

In many practice areas the student will be supported by a number of Practice Supervisors. Some areas may adopt a team based approach due to the nature of the experience.

As a Practice Supervisor you have an important role in supporting and guiding the student through their learning experience to ensure safe and effective learning. This includes facilitating learning opportunities including any reasonable adjustments the student may need to get maximum benefit from the placement. It is your responsibility to contribute to the student’s assessment through the recording of regular feedback on their progress towards, and achievement of their proficiencies.

Specific feedback must be provided to the Practice Assessor on the student’s progress.

**Supervision in other placement areas** (i.e. those areas where there are no health/social care registrants)

A range of staff can support student learning and have a vital role in student learning and development though may not be contributing formally to assessment of proficiencies.

However, these staff members are encouraged to support learning and can provide valuable student feedback within the PAD on the *Record of communication/additional feedback pages*.

**Practice Assessor responsibilities (Registered Nurse)**

As a Practice Assessor you have a key role in assessing and confirming the student’s proficiency providing assurance of student achievements and competence. This includes facilitating learning opportunities including any reasonable adjustments the student may need to get maximum benefit from the placement. You will observe the student, conduct and record student assessments informed by student reflections, feedback from Practice Supervisors and other relevant people to confirm achievement. You will liaise with the Academic Assessor scheduling communication at relevant points.

Practice Assessors must have appropriate equivalent experience of the student’s field of practice.

There are numerous elements requiring assessment in practice. One or more Practice Supervisors can contribute to the assessment of some of the proficiencies in discussion with you, but they must be working in their scope of practice.

When assessing the student, you should take into account sources of evidence that encompass knowledge, skills, attitudes and the views of those receiving care. Comments should acknowledge those exceptional students who are exceeding expectations for their stage in practice or who have particularly commendable attitudes, behaviours, knowledge or skills.

If the student is not meeting the required standards this should be highlighted as a development need. If there is a cause for concern or a fitness for practice issue that requires prompt action an Action Plan should be instigated to address specific needs or concerns within a specified timeframe. In the event of this, seek guidance from the Academic Assessor and/or senior practice representative.

**Academic Assessor responsibilities**

Academic Assessors are Registered Nurses and are nominated for each part of the educational programme. The same Academic Assessor cannot contribute to the student assessment in consecutive parts. The Academic Assessor will work in partnership with the Practice Assessor to evaluate and recommend the student for progression for each part of the educational programme. The Academic Assessor will enable scheduled communication and collaboration with the Practice Assessor and this communication can take a variety of forms.

**All communications/ additional feedback (not already recorded in the scheduled interviews) from the Practice Supervisors, Practice Assessor and Academic Assessor and other staff members needs to be recorded on the relevant pages in the PAD.**

**Guidance for using the PAD to facilitate learning and assessment in practice**

Assessment criteria in the PAD are based on the NMC *Future nurse: Standards of proficiency for registered nurses* and *Standards for education and training* (NMC 2018). The outcome statements have been designed by the NMC to apply across all four fields of nursing practice and all care settings (NMC 2018). *Students must be able to demonstrate a greater depth of knowledge and the additional more advanced skills required to meet the specific care needs of people in their chosen fields of nursing practice (NMC, 2018, p6).* **This Practice Assessment Document can be used in any field of practice.**

**Components of Assessment and Feedback (see individual university guidance/regulations)**

**Professional Values**: Professional Values reflect a number of proficiency statements and are captured under the 4 sections of The Code (NMC 2018). All must be achieved *by the end of each placement.*

**Proficiencies:** These reflect aspects of the 7 Platforms, communication and relationship management skills and nursing procedures (NMC 2018). These can be assessed in a range of placements, but must be achieved at least once *by the end of the Part.*

**Episode of Care:** This holistic assessment(s) facilitates and demonstrates the student’s progress and must be achieved *by the end of the Part.*

**Medicines Management**: There is one assessment included in each part and each must be achieved

*by the end of the Part.*

**Patient/Service User/Carer Feedback Form:** Feedback will be sought in relation to how the student cared for the person receiving care. This is not formally assessed, but will contribute to overall student feedback.

**Recording Additional Experiences and Feedback:** There are additional pages for the student to record reflections on their own learning and pages to record communication and additional feedback from all those supporting learning and assessment.

**Ongoing Achievement Record:** The OAR summarises overall achievements and provides a comprehensive record of student development and overall performance.

###### **Process of practice assessment**

**Prior to placement:**

Student makes contact to obtain relevant information to support their preparation for practice



**Placement Orientation – see orientation checklist**

**Initial Interview**

Learning and development needs are identified and planned

**Mid-Point Interview**

Progress, learning and development needs are identified by the Practice Assessor



**Final Interview**

Progress and achievement are explored by the Practice Assessor, who also completes summary in OAR.

**Further information / guidance is included in the university specific pages (overleaf) and in the**

***Practice Assessment Document Guide***

**University of the West of England Bristol - Guidelines for Assessment and Progression**

**Preparation in university prior to student placement**



**Initial Interview**

Meeting between student, Practice Supervisor and / or Practice Assessor – held within the first week of the placement (all students). Initial learning and development needs negotiated. Learning plan formulated. Dates for mid-point and end-point interviews agreed.

****

**Mid-Point Interview**

This involves a review of the professional values as well as the students overall progression and achievement to date. Feedback can be recorded by the Practice Supervisor but requires agreement/input from the Practice Assessor and student. If there are any concerns about student learning and progress, contact must be made with the nominated Academic Assessor and where relevant, the Academic in Practice (UWE). If an Action Plan is required the Academic Assessor should be consulted. Support can also be accessed via the Practice Support Line

Telephone: +44 (0)117 32 81152 Email: hscpsl@uwe.ac.uk



**Final Interview**

Overall performance is reviewed by the Practice Assessor and feedback from all staff in practice is considered. The Academic Assessor may be present or may communicate via phone/email as appropriate. All sections in PAD and OAR completed and signed for relevant placement.

****

Relevant assessment documentation submitted by the student at the end of each placement. Module Leader/Academic Assessor review documentation to confirm students’ eligibility for progression. Designated members of the academic team undertake moderation of PADs.





**\*Refer**

**Pass**



**Practice Document Marked by Module team (Academic Assessor)**

Academic Assessor notifies the Programme Lead who liaises with the placement team to arrange a retrieval placement.

\* If professional values have not been achieved this will be reviewed in line with fitness for practise policy

**Fail**

**Field Board**

 For presentation by Module Leader and scrutiny by Field Board.

**Pass**

**Award Board for Confirmation and Progression**

Outcome ratified at Board of Examiners

Student progresses to next part of programme in line with the academic regulations UWE

**Criteria for Assessment in Practice**

**Overall Framework Parts 1 – 3 to be achieved by the end of the part**

Guided participation in care and performing with increasing confidence and competence

Active participation in care with minimal guidance and performing with increased confidence and competence

Practising independently with minimal supervision and leading and coordinating care with confidence

Part 1

Part 2

Part 3

*The decision on the level of supervision provided for students should be based on the needs of the individual student. The level of supervision can decrease with the student’s increasing proficiency and confidence. (NMC, 2018, p 5)*

**Part 3: Leads and coordinates care**

**‘Achieved’ must be obtained in all three criteria by the student**

|  |  |  |  |
| --- | --- | --- | --- |
| **Achieved** | **Knowledge** | **Skills** | **Attitude and Values** |
| **YES** | Has a comprehensive knowledge-base to support safe and effective practice and can critically justify decisions and actions using an appropriate evidence-base. | Is able to safely, confidently and competently manage person centred care in both predictable and less well recognised situations, demonstrating appropriate evidencebased skills. | Acts as an accountable practitioner in responding proactively and flexibly to a range of situations. Takes responsibility for own learning and the learning of others. |
| **NO** | Is only able to identify the essential knowledge-base with poor understanding of rationale for care. Is unable to justify decisions made leadingto unsafe practice. | With minimal supervision is not able to demonstrate safe practice despite guidance. | Demonstrates lack of self-awareness and professionalism. Does not take responsibility for their own learning. |

**List of Practice Supervisors**

A sample signature must be obtained for all entries within this document

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name**(please print) | **Job Title** | **Signature** | **Initials** | **Placement** |
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**List of Practice Assessors**

A sample signature must be obtained for all entries within this document

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| **Name**(please print) | **Job Title** | **Signature** | **Initials** | **Placement** |
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| **List of Academic Assessors**A sample signature must be obtained for all entries within this document |
| **Name**(please print) | **Job Title** | **Signature** | **Initials** | **Placement** |
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**Placement 1**

**Placement Provider:**

(e.g. Trust/Organisation)

**Name of Placement Area:**

**Type of Experience:**

(e.g. Community/Ward based)

**Placement Telephone Number:**

**Placement Contact Email:**

**Start Date………………….. End Date……….………. No. of Hours…………………**

**Nominated person to support student and address concerns**

**Name: Designation:**

**Contact email address:**

**Academic Assessor Details** (for part)**:**

**Name: Designation:**

**Contact email address:**

**Practice Assessor Details:**

**Name: Designation:**

**Contact email address:**

**Placement 1: Orientation**

|  |  |  |
| --- | --- | --- |
|  | **Placement Area 1** | **Placement Area 2 (if app.)** |
| **Name of Placement Area** |  |  |
| **Name of Staff Member** |  |  |
| **This should be undertaken by a member of staff in the Placement Area** | Initial/Date**(Student)** | Initial/Date**(Staff signature)** | Initial/Date**(Student)** | Initial/Date**(Staff signature)** |
| **The following criteria need to be met within the first day in placement** |
| A general orientation to the health and social care placement setting has been undertaken |  |  |  |  |
| The local fire procedures have been explained Tel……………… |  |  |  |  |
| The student has been shown the:* fire alarms
* fire exits
* fire extinguishers
 |  |  |  |  |
| Resuscitation policy and procedures have been explained Tel: .......................... |  |  |  |  |
| Resuscitation equipment has been shown and explained |  |  |  |  |
| The student knows how to summon help in the event of an emergency |  |  |  |  |
| The student is aware of where to find local policies* health and safety
* incident reporting procedures
* infection control
* handling of messages and enquiries
* other policies
 |  |  |  |  |
| The student has been made aware of information governance requirements |  |  |  |  |
| The shift times, meal times and reporting sick policies have been explained. |  |  |  |  |
| The student is aware of his/her professional role in practice. |  |  |  |  |
| Policy regarding safeguarding has been explained |  |  |  |  |
| The student is aware of the policy and process of raising concerns |  |  |  |  |
| Lone working policy has been explained (if applicable) |  |  |  |  |
| Risk assessments/reasonable adjustments relating todisability/learning/pregnancy needs have been discussed (where disclosed) |  |  |  |  |
| **The following criteria need to be met prior to use** |
| The student has been shown and given a demonstration of the moving and handling equipment used in the placement area |  |  |  |  |
| The student has been shown and given a demonstration of the medical devices used in theplacement area |  |  |  |  |

**Placement 1: Initial Interview**

(This can be completed by a Practice Supervisor or Practice Assessor.

If completed by the PS they must discuss and agree with the PA) This meeting should take place within the first week of the placement

 **Placement Area Name:**

|  |
| --- |
| **Student to identify learning and development needs** (with guidance from the Practice Supervisor) |
| **Taking available learning opportunities into consideration, the student and Practice Supervisor/Practice Assessor to negotiate and agree a learning plan.** |
| **Outline of learning plan** | **How will this be achieved?** |
|  |  |
| Learning plan for placement agreed by Practice Assessor (where applicable) YES/NO**Student’s Name: Signature: Date: Practice Supervisor/Assessor’s Name:****Signature: Date:** |

**Professional Values in Practice (Part 3)**

Students are required to demonstrate high standards of professional conduct at all times during their placements. Students should work within ethical and legal frameworks, and be able to articulate the underpinning values of The Code (NMC, 2018)*.* Professional Values reflect a number of proficiency statements and are captured under the 4 sections of The Code.

The Practice Assessor has responsibility for assessing Professional Values though the Mid-Point review can be completed by a Practice Supervisor in liaison with the Practice Assessor.

**Yes = Achieved, No = Not Achieved (Refer to Criteria for Assessment in Practice)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Achieved****Mid-Point Yes/No** | **Initial/ Date** | **Achieved****Final Yes/No** | **Initial/****Date (Final)** |
| **Prioritise people** |
| 1. The student maintains confidentiality in accordance with the NMC code and recognises limits to confidentiality for example public interest and protection from harm. |  |  |  |  |
| 2. The student is non-judgemental, respectful and courteous at all times when interacting with patients/service users and all colleagues. |  |  |  |  |
| 3. The student maintains the person’s privacy and dignity, seeks consent prior to care, challenges discriminatory behaviour and advocates on their behalf. |  |  |  |  |
| 4. The student is caring, compassionate and sensitive to the needs of others demonstrating positive role modelling.  |  |  |  |  |
| 5. The student understands their professional responsibility in adopting and promoting a healthy lifestyle for the well-being of themselves and others. |  |  |  |  |
| **Practise effectively** |
| 6. The student consistently delivers safe, person-centred and evidence based care ensuring patients/service users/carers are at the centre of decision-making.  |  |  |  |  |
| 7. The student is able to work confidently and as an equal partner within the inter-disciplinary team and can buildeffective professional relationships.  |  |  |  |  |
| 8. The student makes consistent effort to engage in and reflect on their learning, contributing to their own professional development and supporting the learning and development of others.  |  |  |  |  |
| 9. The student demonstrates leadership skillsand is able to work autonomously, seeks support whereappropriate and responds positively to feedback.  |  |  |  |  |
| **Preserve safety** |
| 10. The student demonstrates openness (candour), trustworthiness and integrity.  |  |  |  |  |
| 11. The student reports any concerns to a member of staff when appropriate and escalates as required (as per local policy/professional guidance) e.g. safeguarding.  |  |  |  |  |
| 12. The student demonstrates the appropriate listeningskills, seeks clarification where appropriate and carries out instructions safely.  |  |  |  |  |
| 13. The student is able to recognise and work within the limitations of own knowledge, skills and professional boundaries and understand that they are responsible for their own actions.  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Achieved Mid-Point****Yes/No** | **Initial/ Date** | **Achieved Final****Yes/No** | **Initial/ Date (Final)** |
| **Promote professionalism and trust** |
| 14. The student’s personal presentation and dress code is in accordance with the local policy.  |  |  |  |  |
| 15. The student maintains an appropriate professional attitude regarding punctuality and communicates appropriately if unable to attend placement. |  |  |  |  |
| 16. The student demonstrates that they use critical self- reflection and supervision to gain insight into their own values, taking into consideration the possible impact onthe caring relationship and the decision making process.  |  |  |  |  |
| 17. The student acts as a role model in promoting a professional image and acts as an ambassador for the profession.  |  |  |  |  |
| **Mid-point assessment Practice Supervisor Name:****Reviewed and agreed by Practice Assessor Practice Assessor Name:** | **Signature:****Signature:** |  | **Date:****Date:** |
| **End point: Student reflection on meeting Professional Values** |
| **Choose one example from your practice on this placement to demonstrate how you practice within the NMC Code of Conduct** *(ensure confidentiality is maintained).* For each placement, please select a different section of The Code to reflect on.**Student Signature: Date:** |
| **Final assessment - please add comments on Final Interview Page****Practice Assessor Name: Signature: Date:** |

**If there are any issues/areas for concern, these must be recorded. ‘Not Achieved’ must trigger an Action Plan. This must involve the Practice Supervisor and the Practice Assessor (as appropriate) in liaison with the Academic Assessor.**

**Placement 1: Mid-Point Interview**

This discussion must take place half way through the placement

|  |
| --- |
| **Student’s self-assessment/reflection on progress**Reflect on your overall progression referring to your personal learning needs, professional values and proficiencies. Identify your strengths and document areas for development. |
| **Knowledge:** |
| **Skills:** |
| **Attitudes and values:** |
| **Practice Assessor’s comments**Discuss with the student their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision. |
| **Knowledge:** |
| **Skills:** |
| **Attitudes and values:** |

**Placement 1: Mid-Point Review**

**Ongoing learning and development needs**

To be agreed between Practice Assessor and Student – sign and date all entries below

|  |
| --- |
| **Following the Mid-Point interview the student is to identify their learning and development needs for the remainder of the placement and negotiate with their Practice Assessor how these will be achieved.** |
| **Learning and development needs** | **How will these be achieved?** |
|  |  |
| **Student’s Name: Signature: Date:****Practice Assessor’s Name: Signature: Date:***Any outstanding learning and development needs are to be discussed and documented at the final interview.* |

**Placement 1: Final Interview**

This should take place towards the end of the placement

|  |
| --- |
| **Student’s self-assessment/reflection on progress**Reflect on your overall progression referring to your personal learning needs, professional values and proficiencies. Identify your strengths and document areas for development. |
| **Knowledge:** |
| **Skills:** |
| **Attitudes and values:** |
| **Practice Assessor’s comments**Discuss with the student their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision. |
| **Knowledge:** |
| **Skills:** |
| **Attitudes and values:** |

**Please record any further comments on the next page**

**Learning and Development Needs**

To be agreed between the Practice Assessor and Student

|  |
| --- |
| **Practice Assessor to identify specific areas to take forward to the next placement** |

|  |
| --- |
| **Was an Action Plan required to support the student? YES / NO****If Yes, was the Academic Assessor informed? YES / NO** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Checklist for assessed documents** | **Tick** | **Practice Assessor****Initial** | **Student Initial** |
| The professional value statements have been signed at both Mid-Point and Final Interview |  |  |  |
| The relevant proficiencies/skills that the student has achieved in this area (where applicable) have been signed |  |  |  |
| The practice placement hours have been checked and signed |  |  |  |
| All the interview records and development plans have been completed and signed as appropriate |  |  |  |
| The Practice Supervisors and Practice Assessor have printed and signed their name on the appropriate list at the beginning of the document. |  |  |  |
| The Practice Assessor has completed the Ongoing Achievement Record (OAR) |  |  |  |
| **Student’s Name: Signature:** | **Date:** |  |
| **Practice Assessor’s Name: Signature:** | **Date:** |
| **Additional Signature (If Applicable, e.g. Academic Assessor):** |  |
| **Name: Signature:** | **Date:** |

**Patient/Service User/Carer Feedback**

**Practice Supervisors/Practice Assessors should obtain consent from patients/service users/carers who should feel able to decline to participate. Please choose one of the following four forms which you feel is appropriate for your patient/carer/service user**

**Form 1**

We would like to hear your views about the way the student nurse has supported your care. Your feedback will not change the way you are cared for and will help the student nurse’s learning.

|  |
| --- |
| **Tick if you are: The Patient/Service User Carer/Relative** |
| **How happy were you with the way the student nurse…** | Very HappyMC900423171[1] | HappyMC900423169[1] | I’m not sureMC900434403[1] | UnhappyMC900423165[1] | Very unhappyMC900423163[1] |
| **…cared for you?** |  |  |  |  |  |
| **…listened to you?** |  |  |  |  |  |
| **…understood the way you felt?** |  |  |  |  |  |
| **talked to you?** |  |  |  |  |  |
| **…showed you respect?** |  |  |  |  |  |

|  |
| --- |
| **What did the student nurse do well?**  |
| **What could the student nurse have done differently?**  |
| **Practice Supervisor/Practice Assessor:** **Name: Signature: Date:** **Student Name: Signature: Date:** |

***This form has been co-produced by Pan London Service Users across 4 fields of practice, 2013.***

## **Form 2**

## **Patient/Carer feedback to enhance learning for student nurses**

Please answer the following questions relating to the student nurse by circling one answer to each question and adding any comments you wish to share in the space provided. Thank you

1. **How would you rate the nursing care provided by the student?**

Poor Acceptable Satisfactory Good Very Good Excellent Exceptional

Comments:

1. **How compassionate was the student’s care?**

Poor Acceptable Satisfactory Good Very Good Excellent Exceptional

Comments:

1. **How respectfully did the student treat you?**

Poor Acceptable Satisfactory Good Very Good Excellent Exceptional

Comments:

1. **How well did the student listen to you?**

Poor Acceptable Satisfactory Good Very Good Excellent Exceptional

Comments:

1. **How clearly did the student communicate with you?**

Poor Acceptable Satisfactory Good Very Good Excellent Exceptional

Comments:

**Form 3**

|  |
| --- |
| **Patient/Carer feedback to enhance learning for student nurses** |
| **How happy were you with the way the student nurse…** | Please place an X on the line for each statement0 = Very unsatisfied \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 10 = Very satisfied |
|  Met your needs | 0 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_10 |
| Understood the way that you felt | 0 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_10 |
| Talked to you | 0 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_10 |
| Informed you of your care | 0 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_10 |
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| What did they do well? |
| How can they improve? |

**Form 4**

**Child/Young Persons Feedback to Enhance Learning for Student Nurses**

Please answer the following questions relating to the student nurse:

**Did the nurse talk to you?**

**Was the nurse kind to you?**

**Did the nurse listen to you?**

**Colour in how many stars you would give the Nurse**

**Please use this space to draw a picture of the student nurse**

**Record of working with and learning from others/inter-professional working**

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| **Student Reflection:** Reflect on your learning in outreach/short placements or with members of the multi-disciplinary team who are supervising your learning and summarise below: |
| **Student Name: Signature: Date:** |
| **Practice Supervisor’s Comments:****Practice Supervisor Name: Signature: Date:** |
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These records can be completed by Practice Supervisors, Practice Assessors, Academic Assessor or any other members of the team involved in the supervision and/or assessment of the student.

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|  |
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**Record of peer feedback**

Feedback is an essential part of the learning process. Through engaging in peer review and receiving feedback from a number of peers, students are exposed to a greater diversity of perspectives as well as enabling students to develop skills in peer review and feedback.

These records can be completed by peers i.e. other students who have worked alongside you or have had the opportunity to discuss your learning needs with you. If you have facilitated a teaching session on placement you can use the form below to obtain feedback.

|  |
| --- |
| **Peer feedback** |
|  |
| **Name: Programme/year:****Signature: Date:** |
| **Peer feedback** |
|  |
| **Name: Programme/year:****Signature: Date:** |

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| **Name: Programme/year:****Signature: Date:** |
| **Peer feedback** |
|  |
| **Name: Programme/year:****Signature: Date:** |

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**Placement 2**

**Placement Provider:**

(e.g. Trust/Organisation)

**Name of Placement Area:**

**Type of Experience:**

(e.g. Community/Ward based)

**Placement Telephone Number:**

**Placement Contact Email:**

**Start Date………………….. End Date……….………. No. of Hours…………………**

**Nominated person to support student and address concerns**

**Name: Designation:**

**Contact email address:**

**Academic Assessor Details** (for part)**:**

**Name: Designation:**

**Contact email address:**

**Practice Assessor Details:**

**Name: Designation:**

**Contact email address:**

**Placement 2: Orientation**

|  |  |  |
| --- | --- | --- |
|  | **Placement Area 1** | **Placement Area 2 (if app.)** |
| **Name of Placement Area** |  |  |
| **Name of Staff Member** |  |  |
| **This should be undertaken by a member of staff in the Placement Area** | Initial/Date**(Student)** | Initial/Date**(Staff signature)** | Initial/Date**(Student)** | Initial/Date**(Staff signature)** |
| **The following criteria need to be met within the first day in placement** |
| A general orientation to the health and social care placement setting has been undertaken |  |  |  |  |
| The local fire procedures have been explained Tel……………… |  |  |  |  |
| The student has been shown the:* fire alarms
* fire exits
* fire extinguishers
 |  |  |  |  |
| Resuscitation policy and procedures have been explained Tel: .......................... |  |  |  |  |
| Resuscitation equipment has been shown and explained |  |  |  |  |
| The student knows how to summon help in the event of an emergency |  |  |  |  |
| The student is aware of where to find local policies* health and safety
* incident reporting procedures
* infection control
* handling of messages and enquiries
* other policies
 |  |  |  |  |
| The student has been made aware of information governance requirements |  |  |  |  |
| The shift times, meal times and reporting sick policies have been explained. |  |  |  |  |
| The student is aware of his/her professional role in practice. |  |  |  |  |
| Policy regarding safeguarding has been explained |  |  |  |  |
| The student is aware of the policy and process of raising concerns |  |  |  |  |
| Lone working policy has been explained (if applicable) |  |  |  |  |
| Risk assessments/reasonable adjustments relating todisability/learning/pregnancy needs have been discussed (where disclosed) |  |  |  |  |
| **The following criteria need to be met prior to use** |
| The student has been shown and given a demonstration of the moving and handling equipment used in the placement area |  |  |  |  |
| The student has been shown and given a demonstration of the medical devices used in theplacement area |  |  |  |  |

**Placement 2: Initial Interview**

(This can be completed by a Practice Supervisor or Practice Assessor.

If completed by the PS they must discuss and agree with the PA) This meeting should take place within the first week of the placement

 **Placement Area Name:**

|  |
| --- |
| **Student to identify learning and development needs** (with guidance from the Practice Supervisor) |
| **Taking available learning opportunities into consideration, the student and Practice Supervisor/Practice Assessor to negotiate and agree a learning plan.** |
| **Outline of learning plan** | **How will this be achieved?** |
|  |  |
| Learning plan for placement agreed by Practice Assessor (where applicable) YES/NO**Student’s Name: Signature: Date: Practice Supervisor/Assessor’s Name:****Signature: Date:** |

**Professional Values in Practice (Part 3)**

Students are required to demonstrate high standards of professional conduct at all times during their placements. Students should work within ethical and legal frameworks, and be able to articulate the underpinning values of The Code (NMC, 2018)*.* Professional Values reflect a number of proficiency statements and are captured under the 4 sections of The Code.

The Practice Assessor has responsibility for assessing Professional Values though the Mid-Point review can be completed by a Practice Supervisor in liaison with the Practice Assessor.

**Yes = Achieved, No = Not Achieved (Refer to Criteria for Assessment in Practice)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Achieved****Mid-Point Yes/No** | **Initial/ Date** | **Achieved****Final Yes/No** | **Initial/****Date (Final)** |
| **Prioritise people** |
| 1. The student maintains confidentiality in accordance with the NMC code and recognises limits to confidentiality for example public interest and protection from harm. |  |  |  |  |
| 2. The student is non-judgemental, respectful and courteous at all times when interacting with patients/service users and all colleagues. |  |  |  |  |
| 3. The student maintains the person’s privacy and dignity, seeks consent prior to care, challenges discriminatory behaviour and advocates on their behalf. |  |  |  |  |
| 4. The student is caring, compassionate and sensitive to the needs of others demonstrating positive role modelling.  |  |  |  |  |
| 5. The student understands their professional responsibility in adopting and promoting a healthy lifestyle for the well-being of themselves and others. |  |  |  |  |
| **Practise effectively** |
| 6. The student consistently delivers safe, person-centred and evidence based care ensuring patients/service users/carers are at the centre of decision-making.  |  |  |  |  |
| 7. The student is able to work confidently and as an equal partner within the inter-disciplinary team and can buildeffective professional relationships.  |  |  |  |  |
| 8. The student makes consistent effort to engage in and reflect on their learning, contributing to their own professional development and supporting the learning and development of others.  |  |  |  |  |
| 9. The student demonstrates leadership skillsand is able to work autonomously, seeks support whereappropriate and responds positively to feedback.  |  |  |  |  |
| **Preserve safety** |
| 10. The student demonstrates openness (candour), trustworthiness and integrity.  |  |  |  |  |
| 11. The student reports any concerns to a member of staff when appropriate and escalates as required (as per local policy/professional guidance) e.g. safeguarding.  |  |  |  |  |
| 12. The student demonstrates the appropriate listeningskills, seeks clarification where appropriate and carries out instructions safely.  |  |  |  |  |
| 13. The student is able to recognise and work within the limitations of own knowledge, skills and professional boundaries and understand that they are responsible for their own actions.  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Achieved Mid-Point****Yes/No** | **Initial/ Date** | **Achieved Final****Yes/No** | **Initial/ Date (Final)** |
| **Promote professionalism and trust** |
| 14. The student’s personal presentation and dress code is in accordance with the local policy.  |  |  |  |  |
| 15. The student maintains an appropriate professional attitude regarding punctuality and communicates appropriately if unable to attend placement. |  |  |  |  |
| 16. The student demonstrates that they use critical self- reflection and supervision to gain insight into their own values, taking into consideration the possible impact onthe caring relationship and the decision making process.  |  |  |  |  |
| 17. The student acts as a role model in promoting a professional image and acts as an ambassador for the profession.  |  |  |  |  |
| **Mid-point assessment Practice Supervisor Name:****Reviewed and agreed by Practice Assessor Practice Assessor Name:** | **Signature:****Signature:** |  | **Date:****Date:** |
| **End point: Student reflection on meeting Professional Values** |
| **Choose one example from your practice on this placement to demonstrate how you practice within the NMC Code of Conduct** *(ensure confidentiality is maintained).* For each placement, please select a different section of The Code to reflect on.**Student Signature: Date:** |
| **Final assessment - please add comments on Final Interview Page****Practice Assessor Name: Signature: Date:** |

**If there are any issues/areas for concern, these must be recorded. ‘Not Achieved’ must trigger an Action Plan. This must involve the Practice Supervisor and the Practice Assessor (as appropriate) in liaison with the Academic Assessor.**

**Placement 2: Mid-Point Interview**

This discussion must take place half way through the placement

|  |
| --- |
| **Student’s self-assessment/reflection on progress**Reflect on your overall progression referring to your personal learning needs, professional values and proficiencies. Identify your strengths and document areas for development. |
| **Knowledge:** |
| **Skills:** |
| **Attitudes and values:** |
| **Practice Assessor’s comments**Discuss with the student their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision. |
| **Knowledge:** |
| **Skills:** |
| **Attitudes and values:** |

**Placement 2: Mid-Point Review**

**Ongoing learning and development needs**

To be agreed between Practice Assessor and Student – sign and date all entries below

|  |
| --- |
| **Following the Mid-Point interview the student is to identify their learning and development needs for the remainder of the placement and negotiate with their Practice Assessor how these will be achieved.** |
| **Learning and development needs** | **How will these be achieved?** |
|  |  |
| **Student’s Name: Signature: Date:****Practice Assessor’s Name: Signature: Date:***Any outstanding learning and development needs are to be discussed and documented at the final interview.* |

**Placement 2: Final Interview**

This should take place towards the end of the placement

|  |
| --- |
| **Student’s self-assessment/reflection on progress**Reflect on your overall progression referring to your personal learning needs, professional values and proficiencies. Identify your strengths and document areas for development. |
| **Knowledge:** |
| **Skills:** |
| **Attitudes and values:** |
| **Practice Assessor’s comments**Discuss with the student their self-assessment and comment on their progression using the criteria for Assessment in Practice Descriptors, detailing evidence used to come to your decision. |
| **Knowledge:** |
| **Skills:** |
| **Attitudes and values:** |

**Please record any further comments on the next page**

**Learning and Development Needs**

To be agreed between the Practice Assessor and Student

|  |
| --- |
| **Practice Assessor to identify specific areas to take forward to the next placement** |

|  |
| --- |
| **Was an Action Plan required to support the student? YES / NO****If Yes, was the Academic Assessor informed? YES / NO** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Checklist for assessed documents** | **Tick** | **Practice Assessor****Initial** | **Student Initial** |
| The professional value statements have been signed at both Mid-Point and Final Interview |  |  |  |
| The relevant proficiencies/skills that the student has achieved in this area (where applicable) have been signed |  |  |  |
| The practice placement hours have been checked and signed |  |  |  |
| All the interview records and development plans have been completed and signed as appropriate |  |  |  |
| The Practice Supervisors and Practice Assessor have printed and signed their name on the appropriate list at the beginning of the document. |  |  |  |
| The Practice Assessor has completed the Ongoing Achievement Record (OAR) |  |  |  |
| **Student’s Name: Signature:** | **Date:** |  |
| **Practice Assessor’s Name: Signature:** | **Date:** |
| **Additional Signature (If Applicable, e.g. Academic Assessor):** |  |
| **Name: Signature:** | **Date:** |

**Patient/Service User/Carer Feedback**

**Practice Supervisors/Practice Assessors should obtain consent from patients/service users/carers who should feel able to decline to participate. Please choose one of the following four forms which you feel is appropriate for your patient/carer/service user**

**Form 1**

We would like to hear your views about the way the student nurse has supported your care. Your feedback will not change the way you are cared for and will help the student nurse’s learning.

|  |
| --- |
| **Tick if you are: The Patient/Service User Carer/Relative** |
| **How happy were you with the way the student nurse…** | Very HappyMC900423171[1] | HappyMC900423169[1] | I’m not sureMC900434403[1] | UnhappyMC900423165[1] | Very unhappyMC900423163[1] |
| **…cared for you?** |  |  |  |  |  |
| **…listened to you?** |  |  |  |  |  |
| **…understood the way you felt?** |  |  |  |  |  |
| **talked to you?** |  |  |  |  |  |
| **…showed you respect?** |  |  |  |  |  |

|  |
| --- |
| **What did the student nurse do well?**  |
| **What could the student nurse have done differently?**  |
| **Practice Supervisor/Practice Assessor:** **Name: Signature: Date:** **Student Name: Signature: Date:** |

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Please answer the following questions relating to the student nurse by circling one answer to each question and adding any comments you wish to share in the space provided. Thank you

1. **How would you rate the nursing care provided by the student?**

Poor Acceptable Satisfactory Good Very Good Excellent Exceptional

Comments:

1. **How compassionate was the student’s care?**

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| Talked to you | 0 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_10 |
| Informed you of your care | 0 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_10 |
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|  |
| --- |
| **Communication/additional feedback** |
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| **Name:****Signature:** | **Designation:****Date:** |
| **Communication/additional feedback** |
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| **Name:****Signature:** | **Designation:****Date:** |
| **Communication/additional feedback** |
|  |
| **Name:****Signature:** | **Designation:****Date:** |

**More pages can be downloaded as per University guidelines**

**Record of communication/additional feedback**

These records can be completed by Practice Supervisors, Practice Assessors, Academic Assessor or any other members of the team involved in the supervision and/or assessment of the student.

|  |
| --- |
| **Communication/additional feedback** |
|  |
| **Name:****Signature:** | **Designation:****Date:** |
| **Communication/additional feedback** |
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| **Name:****Signature:** | **Designation:****Date:** |
| **Communication/additional feedback** |
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| **Name:****Signature:** | **Designation:****Date:** |

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|  |
| --- |
| **Communication/additional feedback** |
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| **Name:****Signature:** | **Designation:****Date:** |
| **Communication/additional feedback** |
|  |
| **Name:****Signature:** | **Designation:****Date:** |
| **Communication/additional feedback** |
|  |
| **Name:****Signature:** | **Designation:****Date:** |

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**Record of peer feedback**

Feedback is an essential part of the learning process. Through engaging in peer review and receiving feedback from a number of peers, students are exposed to a greater diversity of perspectives as well as enabling students to develop skills in peer review and feedback.

These records can be completed by peers i.e. other students who have worked alongside you or have had the opportunity to discuss your learning needs with you. If you have facilitated a teaching session on placement you can use the form below to obtain feedback.

|  |
| --- |
| **Peer feedback** |
|  |
| **Name: Programme/year:****Signature: Date:** |
| **Peer feedback** |
|  |
| **Name: Programme/year:****Signature: Date:** |

**More pages can be downloaded as per University guidelines**

**Record of peer feedback**

Feedback is an essential part of the learning process. Through engaging in peer review and receiving feedback from a number of peers, students are exposed to a greater diversity of perspectives as well as enabling students to develop skills in peer review and feedback.

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|  |
| --- |
| **Peer feedback** |
|  |
| **Name: Programme/year:****Signature: Date:** |
| **Peer feedback** |
|  |
| **Name: Programme/year:****Signature: Date:** |

**More pages can be downloaded as per University guidelines**

**Progression towards registration –**

**Record of meetings in final placement *(consolidation placement)***

*Registered nurses play a vital role in providing, leading and co-ordinating care that is compassionate, evidence-based, and person-centred. They are accountable for their own actions and must be able to work autonomously, or as an equal partner with a range of other professionals and in interdisciplinary teams. (NMC, 2018, p3).*

During final placement the student should reflect, receive feedback and record achievements for the Practice Assessor to confirm that the student is practising independently with minimal supervision and leading and coordinating care with confidence.

**Name of Practice Assessor: Designation:**

|  |  |  |
| --- | --- | --- |
| **Date and time of review** | **Opportunity to review progression, document and summarise key points****from any discussions with Practice Supervisor(s)/ Assessor** | **Signatures** |
|  |  | **Practice Supervisor/ Assessor:****Student:** |
|  |  | **Practice Supervisor/ Assessor:****Student:** |
|  |  | **Practice Supervisor/ Assessor:****Student:** |
|  |  | **Practice Supervisor/ Assessor:****Student:** |
|  |  | **Practice Supervisor/ Assessor:****Student:** |
|  |  | **Practice Supervisor/ Assessor:****Student:** |

|  |  |  |
| --- | --- | --- |
| **Date and time of review** | **Opportunity to review progression, document and summarise key points****from any discussions with Practice Supervisor(s)/ Assessor** | **Signatures** |
|  |  | **Practice Supervisor/ Assessor:****Student:** |
|  |  | **Practice Supervisor/ Assessor:****Student:** |
|  |  | **Practice Supervisor/ Assessor:****Student:** |
|  |  | **Practice Supervisor/ Assessor:****Student:** |
|  |  | **Practice Supervisor/ Assessor:****Student:** |
|  |  | **Practice Supervisor/ Assessor:****Student:** |
| I confirm that the student is practising independently with minimal supervision, is leading and coordinating care with confidence and works as an equal partner with other health care professionals.**Practice Assessor:** *(print name below)***Practice Assessor’s signature: Date:** |

**Assessment of Proficiencies**

Incorporating Platforms 1 – 7

Annexe A: Communication and relationship management skills Annexe B: Nursing procedures

These proficiencies ***“apply to all registered nurses, but the level of expertise and knowledge required will vary depending on the chosen field(s) of practice”.*** *(NMC, Future Nurse, 2018, p22, 26)*

Assessment of Proficiencies are undertaken across the Part. These can be assessed in a range of placements but need to be assessed as Achieved (YES) at least once by the end of the Part. If a proficiency is assessed as Achieved (YES) early in the Part it is expected that the student maintains that level of competence and can be re-assessed in subsequent placements at the Practice Assessor’s discretion.

The Grade Descriptors are ‘Yes’ (This proficiency has been achieved), ‘No’ (this proficiency has not been achieved). Refer to Criteria for Assessment in Practice for further details.

Some of the proficiencies may be met within simulated learning as per the individual university’s policy.

Proficiencies marked with an \* can be met in either Part 2 or Part 3 and please refer page 40 and to the OAR to confirm achievement of these.

Part 3 Assessment of Performance: The individual completing the assessment should draw on a range of observed experiences in which the student demonstrates the required knowledge, skills, attitudes and values in co-ordinating high quality person/family centred care, ensuring all care is underpinned by effective communication skills. ***Those marked with an \* may have been met in Part 2. Record achievement of Part 3 proficiencies marked \* 3 in OAR as well.***

***If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.***

|  |
| --- |
| **Confidently assesses needs and plans person-centred care** |
|  | **YES = Achieved, NO = Not Achieved** |
| Assessment 1 | Assessment 2 | Assessment 3 | Assessment 4 |
|  | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date |
| 1. Utilises a range of strategies/resources (including relevant diagnostic equipment) to undertake a comprehensive whole body assessment to plan and prioritise evidence-basedperson-centred care  |  |  |  |  |  |  |  |  |
| 2. Assesses a persons’ capacity to make best interest decisions about their own care and applies processes for making reasonable adjustments when a person doesnot have capacity.  |  |  |  |  |  |  |  |  |
| 3 Actively participates in the safe referral of people to other professionals or services such as cognitive behavioural therapy or talking therapies across health and social care as appropriate. |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
|  | **Confidently delivers and evaluates person-centred care** |
|  | **YES = Achieved, NO = Not Achieved** |
| Assessment 1 | Assessment 2 | Assessment 3 | Assessment 4 |
|  | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date |
| \* 4. Recognises signs of deterioration (mental distress/emotional vulnerability/physical symptoms) and takes prompt and appropriate action to prevent or reduce risk of harm to the person and others using for example positive behavioural support or distraction and diversion strategies.  |  |  |  |  |  |  |  |  |
| 5. Accurately and legibly records care, with the use of available digital technologies where appropriate, in a timely manner. |  |  |  |  |  |  |  |  |
| 6. Works in partnership with people, families and carers using therapeutic use of self to support shared decision making in managing their own care  |  |  |  |  |  |  |  |  |

***If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.***

|  |
| --- |
| **Confidently delivers and evaluates person-centred care** |
|  | **YES = Achieved, NO = Not Achieved** |
| Assessment 1 | Assessment 2 | Assessment 3 | Assessment 4 |
|  | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date |
| 7. Manages a range of commonly encountered symptoms of increasing complexity includingpain, distress, anxiety and confusion.  |  |  |  |  |  |  |  |  |
| 8. Uses skills of active listening, questioning, paraphrasing and reflection to support therapeutic interventions using a range of communication techniques asrequired.  |  |  |  |  |  |  |  |  |
| 9. Is able to support people distressed by hearing voices or experiencing distressing thoughtsor perceptions.  |  |  |  |  |  |  |  |  |
| **Confidently manages the procedures in assessing, providing and evaluating care** |
| 10. Manages all aspects of personal hygiene, promotes independence and makes appropriate referrals to other healthcare professionals as needed (e.g. dentist, optician, audiologist)  |  |  |  |  |  |  |  |  |
| 11. Manages the care of people with specific nutrition and hydration needs demonstrating understanding of and the contributions of themultidisciplinary team.  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
|  | **Confidently manages the procedures in assessing, providing and evaluating care** |
|  | **YES = Achieved, NO = Not Achieved** |
| Assessment 1 | Assessment 2 | Assessment 3 | Assessment 4 |
|  | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date |
| 12. Manages the care of people who are receiving IV fluids and accurately records fluid intake and output, demonstrating understanding of potentialcomplications.  |  |  |  |  |  |  |  |  |
| \* 13. Manages the care of people receiving fluid and nutrition via infusion pumps and devicesincluding the administration of medicines where required.  |  |  |  |  |  |  |  |  |
| 14. Manage and monitor the effectiveness of symptom relief medication, with the use of infusion pumps and other devices  |  |  |  |  |  |  |  |  |
| 15. Manages the care of people with specific elimination needs for example urinary and faecal incontinence and stoma care.  |  |  |  |  |  |  |  |  |
| 16. Demonstrates an understanding of the need to administer enemas and suppositories and undertake rectal examination and digital rectal evacuation as appropriate.  |  |  |  |  |  |  |  |  |
| 17. Demonstrates the ability to respond and manage risks in relation to infection prevention and control and take proactive measures to protect public healthe.g. immunisation and vaccinationpolicies  |  |  |  |  |  |  |  |  |
| **Confidently leads and manages person-centred care and working in teams** |
|  | **YES = Achieved, NO = Not Achieved** |
| Assessment 1 | Assessment 2 | Assessment 3 | Assessment 4 |
|  | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date |
| 18.Understands roles, responsibilities and scope of practice of all members of the multidisciplinary team and interacts confidently when working with these members  |  |  |  |  |  |  |  |  |
| 19. Effectively manages and prioritises the care needs of a group of people demonstrating appropriate communication and leadership skills to delegate responsibility for care to others inthe team as required.  |  |  |  |  |  |  |  |  |
| 20. Monitors and evaluates the quality of care delivery by all members of the team to promote improvements in practice and understand the process for performance management of staff(if required).  |  |  |  |  |  |  |  |  |
| **Confidently contributes to improving safety and quality of person-centred care** |
| 21.Actively participates in audit activity and demonstrates understanding of appropriate quality improvement strategies |  |  |  |  |  |  |  |  |
| 22. Undertakes accurate risk assessments and demonstrates an understanding of relevant frameworks, legislation and regulations for managing andreporting risks  |  |  |  |  |  |  |  |  |
| **Confidently contributes to improving safety and quality of person-centred care** |
|  | **YES = Achieved, NO = Not Achieved** |
| Assessment 1 | Assessment 2 | Assessment 3 | Assessment 4 |
|  | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date |
| 23. Participates in appropriate decision making regarding safe staffing levels, appropriate skill mix and understands process for escalating concerns  |  |  |  |  |  |  |  |  |
| 24.Demonstrates understanding of processes involved in managing near misses, critical incidents or major incidents  |  |  |  |  |  |  |  |  |
| **Confidently coordinates person-centred care** |
| 25. Co-ordinates the care for people with complex co-morbidities and understands the principles of partnership collaboration and interagency working in managing multiple care needs. |  |  |  |  |  |  |  |  |
| 26. Evaluates the quality of peoples’ experience of complex care, maintains optimal independence and avoids unnecessary interventions and disruptions to their lifestyle. |  |  | ` |  |  |  |  |  |
| 27. Engages in difficult conversations including breaking bad news with compassion andsensitivity.  |  |  |  |  |  |  |  |  |
| 28. Facilitates the safe discharge and transition of people with complex care needs advocating ontheir behalf when required.  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
|  | **Confidently coordinates person-centred care** |
|  | **YES = Achieved, NO = Not Achieved** |
| Assessment 1 | Assessment 2 | Assessment 3 | Assessment 4 |
|  | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date |
| 29. Assess and reviews the individual care needs and preferences of people and their families and carers at the end of life, respecting cultural requirements and preferences. |  |  |  |  |  |  |  |  |

***If any proficiency has not been assessed or is not applicable to the Practice area, please leave blank.***

The following proficiencies can be achieved in Part 2 or Part 3. These are currently reflected in the Part 2 document and the OAR. The Practice Assessor should check the student record in the OAR to confirm if the proficiencies have been achieved or not in Part

1. If the student is achieving these proficiencies in Part 3, record achievement below and in the OAR

|  |  |
| --- | --- |
|  | **YES = Achieved, NO = Not Achieved** |
| Assessment 1 | Assessment 2 | Assessment 3 | Assessment 4 |
|  | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date |
| Part 2, No. 3Recognise people at risk of self-harm and/or suicidal ideation and demonstrates the knowledge and skills required to support person-centred evidence-based practice using appropriate risk assessment tools as needed. |  |  |  |  |  |  |  |  |
| Part 2, No. 4Demonstrates an understanding of the needs of people and families for care at the end of life and contributes to the decision-makingrelating to treatment and care preferences. |  |  |  |  |  |  |  |  |
| Part 2, No. 10Utilises aseptic techniques when undertaking wound care and in managing wound and drainage processes (including management of sutures and vacuum removal whereappropriate) |  |  |  |  |  |  |  |  |
| Part 2, No. 14Insert, manage and remove urinary catheters for all genders and assist with clean, intermittent self-catheterisation where appropriate. |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
|  | **YES = Achieved, NO = Not Achieved** |
| Assessment 1 | Assessment 2 | Assessment 3 | Assessment 4 |
|  | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date |
| Part 2, No. 15Undertakes, responds to and interprets neurological observations and assessmentsand can recognise and manage seizures (where appropriate). |  |  |  |  |  |  |  |  |
| Part 2, No. 19Undertakes a comprehensive respiratory assessment including chest auscultation e.g. peak flow and pulse oximetry (where appropriate) and manages the administration of oxygen using arange of routes |  |  |  |  |  |  |  |  |
| Part 2, No. 20Uses best practice approaches to undertake nasal and oralsuctioning techniques. |  |  |  |  |  |  |  |  |
| Part 2, No. 24Undertakes an effective cardiac assessment and demonstrates the ability to undertake an ECG andinterpret findings |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
|  | **YES = Achieved, NO = Not Achieved** |
| Assessment 1 | Assessment 2 | Assessment 3 | Assessment 4 |
|  | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date | Yes/No | Sign/Date |
| Part 2 No, 25Demonstrates knowledge and skills related to safe and effective venepuncture and can interpret normal and abnormalblood profiles (B2.2) |  |  |  |  |  |  |  |  |
| Part 2 No, 26Demonstrates knowledge and skills related to safe andeffective cannulation in line with local policy. (B2.2) |  |  |  |  |  |  |  |  |
| Part 2 No, 27Manage and monitor blood component transfusions in line with local policy and evidencebased practice (4PEC 4.12, B2.4) |  |  |  |  |  |  |  |  |
| Part 2 No, 28Can identify signs and symptoms of deterioration and sepsis and initiate appropriate interventions as required.(B 1.2.3, B2.13) |  |  |  |  |  |  |  |  |

**Part 3 Episode of Care 1**

**Guidelines**

**The student will be given the opportunity to supervise and teach a junior learner/colleague in practice and provide a written reflection on this experience.**

**This needs to be based on the delivery of direct person-centred care. Professionalism underpins all aspects of the student’s performance.**

The aim of this assessment is to demonstrate the student’s progression in the following five platforms within the *Future Nurse: Standards of proficiency (including skills from annexe A and B)* (NMC 2018) **in the context of their intended field(s) of practice:**

* + Assessing needs and planning care
	+ Providing and evaluating care
	+ Improving safety and quality of care
	+ Leading nursing care and working in team
	+ Coordinating care

Effective communication and relationship management skills underpin all aspects of care (Annex A)

Students are required to use appropriate approaches and techniques considering the person’s motivation, capacity and need for reasonable adjustment applying understanding of mental capacity and health legislation as appropriate.

**Learning outcomes**

**The student is able to:**

1. Supervise and teach less experienced students and colleagues, appraising the quality of the nursing care they provide, documenting performance, promoting reflection and providing constructive feedback.
2. Demonstrate an understanding of the factors that both facilitate and impede learning in practice.
3. Demonstrate leadership potential in the assessment, planning, implementation and evaluation of care.
4. Apply the appropriate knowledge and skills in appraising the quality of the nursing care provided by the junior learner colleague.
5. Demonstrate effective verbal, non-verbal communication and interpersonal skills in engaging with the learner and others involved in the care and act as a positive role model.
6. Critically reflect on their own role and the role of the nurse in the supervision, facilitation and evaluation of learning for the whole team.

|  |  |
| --- | --- |
|  | **Student reflection on an episode of care** |
| **Within your reflection, describe the episode of care and how you planned and supervised the junior learner/peer in practice who delivered person-centred care.****What did you do well?** | **What would you have done differently?****What learning from this episode of care will support your professional development going forward in your teaching and learning role?** |

|  |
| --- |
| **Practice Assessor feedback**Based on the student’s reflection, your observation and discussion of the episode of care, please assess and comment on the following:**YES = Achieved No = Not Achieved (Refer to Criteria for Assessment in Practice)** |
| **Proficiencies** | **Yes/No** | **Comments** |
| **Assessing, planning, providing and evaluating care**Chooses an appropriate care activity for the junior learner/peer to engage in and considers the learner’s needs and their current level of knowledge and skills. |  |  |
| **Leading nursing care and working in teams** Effectively prepares the junior learner/peer and provides them with clear instructions and explanations about the care activity they are to engage in. |  |  |
| **Improving safety and quality of care**The student undertakes a risk assessment to ensure that the person(s) receiving care is not at risk from the learner/care activity. Continuous supervision and support is provided to the junior learner/peer throughout the care activity.  |  |  |
| **Co-ordinating care:**Effectively communicates throughout the care activity, evaluates the care given and provides the junior learner / peer with constructive verbal and written feedback. |  |  |
| **If any of the Standards are ‘Not Achieved’ this will require a re-assessment and the Academic Assessor must be informed** |
| **Student’s signature:****Practice Assessor’s signature:** |  | **Date: Date:** |

**Part 3 Episode of Care 2**

This assessment must be undertaken and assessed by a Practice Assessor by the end of Part 3

 **Guidelines**

**The practice assessor and student will identify an appropriate episode of direct care involving the organisation and management of care for a group/caseload of people with complex care needs. Professionalism underpins all aspects of the student’s performance.**

.

The aim of this assessment is to demonstrate the student’s progression in the following six platforms within the *Future Nurse: Standards of proficiency (including skills from annexe A and B)* (NMC 2018) **in the context of their intended field(s) of practice:**

* + Promoting health and preventing ill health
	+ Assessing needs and planning care
	+ Providing and evaluating care
	+ Improving safety and quality of care
	+ Leading and managing nursing care and working in teams
	+ Coordinating care

Effective communication and relationship management skills underpin all aspects of care (Annex A)

Students are required to use appropriate therapeutic approaches and techniques considering the person’s motivation, capacity and need for reasonable adjustment applying understanding of mental capacity and health legislation as appropriate.

Being an accountable professional should underpin all aspects of this episode.

**Learning outcomes**

**The student is able to:**

1. Demonstrate the knowledge, skills and ability to coordinate the care for a group of people with complex and multiple care needs and act as a role model in managing person centred, evidence based approach to care.
2. Evaluate a team based approach to the quality of care delivery and demonstrates understanding of the roles. responsibilities and scope of practice of all team members.
3. Demonstrate leadership potential in the assessment, planning, implementation and evaluation of care within the practice setting through effective interaction and engagement with people, services and communities.

Critically appraise the quality and effectiveness of nursing care, demonstrate how to use service delivery evaluation in practice and how to bring about service improvement and audit findings to improve care.

|  |  |
| --- | --- |
|  | **Student reflection on the Episode of Care** |
| **Reflect on how you have worked in partnership with health and social care professionals, service users, carer and families ensuring that decision- making about care is shared.****What did you do well?** | **What would you have done differently?****What learning from this episode of care could be transferred to other areas of practice?** |

|  |
| --- |
| **Practice Assessor feedback**Based on the student’s reflection, your observation and discussion of the episode of care, please assess and comment on the following:**YES = Achieved No = Not Achieved (Refer to Criteria for Assessment in Practice)** |
| **Proficiencies** | **Yes/No** | **Comments** |
| **Assessing needs and planning care**Demonstrates the ability to assess the needs to develop and deliver person-centred, evidence based care with agreed goals.  |  |  |
| **Providing and evaluating care**Safely and effectively leads and manages care demonstrating appropriate decision-making, prioritisation and delegation to others involved in giving care. Evaluates and reassesses effectiveness of planned care and readjusts agreed goals.  |  |  |
| **Communication and interpersonal skills** Demonstrates effective communication and interpersonal skills with patients/service users/carers. Communicates with the multi-disciplinary team and staff when delegating care, giving clear instructions and providing accurate and comprehensive written and verbal reports.  |  |  |
| **Leading nursing care and working in teams** Exhibits leadership potential by demonstrating an ability to manage, support and motivate individuals and interact confidently with other members of the care team. Uses effective management skills to organise work efficiently.  |  |  |
| **Improving safety and quality of care**Identifies the risks to patient safety and can articulate processes to escalate concerns appropriately  |  |  |
| **If any of the Standards are ‘Not Achieved’ this will require a re-assessment and the Academic Assessor must be informed** |
| **Student’s signature:****Practice Assessor’s signature:** |  | **Date:****Date:** |

 **Part 3 Medicines Management**

This assessment must be completed by the end of Part 3 where the student safely administers medicines to a group of patients/service users or a caseload of patients/service users in community settings.

During Part 3 the student should be consolidating their knowledge, skills and competencies in relation to the safe administration of medicines. This assessment should normally be undertaken with a small group of patients/service users or caseload. **Professionalism underpins all aspects of the student’s performance.**

The student must be allowed a number of practice opportunities to administer medicines under supervision prior to this assessment.

**The student must work within the legal and ethical frameworks that underpin safe and effective medicines management and work within national and local policies**

**Regulatory requirements:** *Future Nurse: Standards of proficiency (including skills from annexe A and B)* (NMC 2018) *The Code* (NMC 2018),

*A Competency Framework for all Prescribers* (The Royal Pharmaceutical Society 2016)

The aim of this assessment is to demonstrate the student’s knowledge and competence in administering medications safely.

**Learning outcomes**

**The Student is able to:**

1. Apply knowledge of pharmacology, how medicines act and interact in the systems of the body, and their therapeutic action.
2. Prepare medications where necessary, safely and effectively administer these via common routes and maintains accurate records.
3. Demonstrate proficiency and accuracy when calculating dosages for a range of prescribed medicines.
4. Administer and monitor medications using vascular access devices and enteral equipment, where appropriate.
5. Recognise and respond to adverse or abnormal drug reactions to medications.
6. Maintain safety and safeguard the patient from harm, including awareness of non-compliance, demonstrating understanding of the Mental Capacity Act (DH 2005) and the Mental Health Act (DH 1983, amended 2007), where appropriate.

|  |
| --- |
| **YES = Achieved No = Not Achieved** |
| **Competency** | **Yes/No** | **Competency** | **Yes/No** |
| 1. | Is aware of the patient/service user’s plan of care and the reason for medication demonstrating knowledge of pharmacology for commonly prescribed medicines within thepractice area. |  | 7. | Prepares medication safely. Checks expiry date. Notes any special instructions/contraindications. |  |
| 2. | Communicates appropriately with the patient/service user. Provides clear and accurate information and checks understanding. |  | 8. | Calculates doses accurately and safely.* Demonstrates to assessor the component parts of the calculation.
* Minimum of 5 calculations undertaken demonstrating increased complexity
 |  |
| 3. | Understands safe storage of medications in the care environment. |  | 9. | Checks and confirms the patient/service user’s identity and establishes consent.(ID band or other confirmation if in own home) |  |
| 4. | Maintains effective hygiene/infection control throughout. |  | 10. | Administers or supervises self-administration safely under direct supervision.Verifies that oral medication has been swallowed.Can use the principles of safe remote prescribing and directions to administer medications |  |
| 5. | Checks prescription thoroughly.* Right patient/service user
* Right medication
* Right time/Date/Valid period
* Right dose/last dose
* Right route/method
* Special instructions
 |  | 11. | Describes/demonstrates the procedure in the event of reduced capacity and non-compliance |  |
|  | 12. | Safely utilises and disposes of equipment. |  |
|  | 13. | Maintains accurate records.* Records, signs and dates when safely administered
 |  |
|  |  | 14. | Monitors effects and has an understanding of common side effects, contraindications incompatibilities, adverse reactions,prescribing errors and the impact of polypharmacy. |  |
| 6. | Checks for allergies and sensitivities demonstrating an understanding of risks and managing these as appropriate* Asks patient/service user.
* Checks prescription chart or identification band
 |  | 15. | Uses relevant frameworks for medicine use as appropriate.E.g. local formularies, care pathways, protocols and guidelines. |  |
|  | 16. | Offers patient /service users and their carers further support/advice/education. Including discharge/safe transfer where appropriate |  |

|  |
| --- |
| **Practice Assessor Feedback** |
|  |
| **Student reflection on learning and development** |
|  |
| **Student’s Name: Signature: Date:****Practice Assessor’s Name: Signature: Date:** |

**Action Plan**

**An action plan is required when a student’s performance causes concern**

The Practice Assessor must liaise with the Academic Assessor and senior practice representative

The **SMART** principles should be used to construct the Action Plan.

|  |
| --- |
| **Placement Name Date action plan initiated:** |
| **Nature of concern****Refer to Professional Value(s), Proficiency and/or Episode of Care (S**pecific**)** | **What does the student need to demonstrate;** *objectives and measure of success* **(M**easurable**, A**chievable and**R**ealistic**)** | **Support available and who is responsible** | **Date for review****(T**imed**)** | **Review/feedback** |
|  |  |  |  | **Date:** |
| **Comments:** |
| **Student’s Name:** | **Signature:** | **Date:** | **Practice Assessor** |
| **Practice Assessor’s Name:** | **Signature:** | **Date:** | **Name:** |
| **Academic Assessor’s Name:** | **Signature:** | **Date:** | **Signature:** |

**Action Plan**

**An action plan is required when a student’s performance causes concern**

The Practice Assessor must liaise with the Academic Assessor and senior practice representative

The **SMART** principles should be used to construct the Action Plan.

|  |
| --- |
| **Placement Name Date action plan initiated:** |
| **Nature of concern****Refer to Professional Value(s), Proficiency and/or Episode of Care (S**pecific**)** | **What does the student need to demonstrate;** *objectives and measure of success* **(M**easurable**, A**chievable and**R**ealistic**)** | **Support available and who is responsible** | **Date for review****(T**imed**)** | **Review/feedback** |
|  |  |  |  | **Date:** |
| **Comments:** |
| **Student’s Name:** | **Signature:** | **Date:** | **Practice Assessor** |
| **Practice Assessor’s Name:** | **Signature:** | **Date:** | **Name:** |
| **Academic Assessor’s Name:** | **Signature:** | **Date:** | **Signature:** |

**PRACTICE HOURS**

***Please start a new page per placement***

***To be completed as per your local University Requirements***

**Please ensure all details are printed CLEARLY and sickness days identified. All hours completed, alterations and totals should be initialled by a member of staff**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Date** | **Placement** | **Total Hrs** | **Staff****Initials** | **Shift Type** |  | **Date** | **Placement** | **Total Hrs** | **Staff****Initials** | **Shift Type** |
|  Example of hours confirmation | Sun | 1/7/19 | Pixie Ward | 7.5 | FF | E |
| Mon |  |  |  |  |  | Mon |  |  |  |  |  |
| Tue |  |  |  |  |  | Tue |  |  |  |  |  |
| Wed |  |   |  |  |  | Wed |  |  |  |  |  |
| Thu |  |  |  |  |  | Thu |  |  |  |  |  |
| Fri |  |  |  |  |  | Fri |  |  |  |  |  |
| Sat |  |  |  |  |  | Sat |  |  |  |  |  |
| Sun |  |  |  |  |  | Sun |  |  |  |  |  |
|  |  | **Weekly Total =** |  |  |  |  |  | **Weekly Total =** |  |  |  |
| Mon |  |  |  |  |  | Mon |  |  |  |  |  |
| Tue |  |  |  |  |  | Tue |  |  |  |  |  |
| Wed |  |  |  |  |  | Wed |  |  |  |  |  |
| Thu |  |  |  |  |  | Thu |  |  |  |  |  |
| Fri |  |  |  |  |  | Fri |  |  |  |  |  |
| Sat |  |  |  |  |  | Sat |  |  |  |  |  |
| Sun |  |  |  |  |  | Sun |  |  |  |  |  |
|  |  | **Weekly Total =** |  |  |  |  |  | **Weekly Total =** |  |  |  |
| Mon |  |  |  |  |  | Mon |  |  |  |  |  |
| Tue |  |  |  |  |  | Tue |  |  |  |  |  |
| Wed |  |  |  |  |  | Wed |  |  |  |  |  |
| Thu |  |  |  |  |  | Thu |  |  |  |  |  |
| Fri |  |  |  |  |  | Fri |  |  |  |  |  |
| Sat  |  |  |  |  |  | Sat |  |  |  |  |  |
| Sun |  |  |  |  |  | Sun |  |  |  |  |  |
|  |  | **Weekly Total =** |  |  |  |  |  | **Weekly Total =** |  |  |  |

**Total hours of completed practice on this page Figures Words**

**Total hours of Sickness/Absence on this page Figures Words**

**Staff member:** I have checked the hours of experience recorded by the student,

Signed: **(Staff member)** Name (print):

Placement Area: \_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**Declaration by Student:** I confirm that the hours recorded on this sheet are a true and accurate account of the shifts I have worked.

Signed: : \_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Student)** Date:

**It is expected that the student will work a range of shifts to meet NMC Requirements**

|  |
| --- |
| **Shift Codes D = Day Shift, N= Night Shift, S= Sickness, A = Absent** |